

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840459

1. Entity Name

CITICORP CREDIT SERVICES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90025 044 ***150.00

Principal Place of Business

Mailing Address

ONE COURT SQUARE, 29TH FLOOR
LONG ISLAND CITY NY 11120

ONE COURT SQUARE, 29TH FLOOR
LONG ISLAND CITY NY 11120-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2665911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SIDIQUI, SAMI
STREET ADDRESS 1 COURT SQ
CITY-ST-ZIP LONG ISLAND CITY NY ☐ Delete

TITLE Wendy Kleinbaum VPS
NAME One Court Square
STREET ADDRESS Long Island City, NY 11120
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VT
NAME O' GRADY, GERALD V
STREET ADDRESS 1 COURT SQUARE
CITY-ST-ZIP LONG ISLAND CITY NY 11120 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME ATAL, VIK
STREET ADDRESS 1 COURT SQUARE
CITY-ST-ZIP LONG ISLAND CITY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME PRINCIVALLE, KARIN
STREET ADDRESS ONE COURT SQUARE
CITY-ST-ZIP LONG ISLAND CITY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME KESSINGER, KEVIN
STREET ADDRESS ONE COURT SQUARE
CITY-ST-ZIP LONG ISLAND CITY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS Assistant Secretary
NAME SCHIFFRES, MICHAEL E.
STREET ADDRESS ONE COURT SQUARE
CITY-ST-ZIP LONG ISLAND CITY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Schiffres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

718 248 5708

CR2E034 (9/99)